State of South Dakota Statement of Financial Interest Elected Official

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JAN 1 1 2013

File statement within 15 days after taking your oath of office in the office where your nomination statement within 15 days after taking your oath of office in the office where your nomination certification was filed. Please read information on reverse side before completing this form.

| 1. | Name Schl. Could | |
|-----|---|--|
| | Address 8556 Heather Dr | PAPIO City, 50 57702 |
| 3. | Elected Office House of Representatives | |
| f i | there is no change since the filing of your post nomination states ate: $1 - 1/ - 13$ (Signed) | ment of financial interest, please sign and return. |
| | there are changes, please complete the following: | |
| 1. | What is your occupation/profession? | |
| 5. | List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise. | What is the nature of your immediate family's association with each? The value of the financial interest need not be reported. |
| 3. | List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise. | What is the nature of your immediate family's association with each? |
| | | |
| | State of South Dakota) County of) SS. | Verification |
| | I have reviewed paragraphs 1 through 6 of the Information Reg Statement of Financial Interest and certify that the information r my financial interests for the preceding calendar year. | arding Statement of Financial Interest (attached), my reported is a complete, true and accurate representation of |
| | (Signed) | |
| | Sworn to before me this day of, 20 |) <u> </u> |
| | (Seal) | Office Administrator Oct |
| | Particul 2000 | Officer Administering Oath |
| | Revised 2009 | My commission expires: |